

Mayberry Care Services Limited

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## Inspection report

Crystal Court, Aston Cross Business Park, 50 Rocky Lane  
Aston  
Birmingham  
West Midlands  
B6 5RQ

Tel: 01213370506

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 24 January 2017 and was announced. This was the first time the service had been inspected since it registered with the commission in September 2016. Mayberry Care Services Limited provides personal care to people in their own homes. At the time of our inspection the service was supporting eight people. All the people who used the service had complex needs and most required 24 hours support from the service.

There was a registered manager in place who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us that they felt safe using the service. People knew how to report allegations or suspicions of poor practice. Further action was required to clearly detail the risks associated with people's specific conditions and behaviours.

People who needed support with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there were regular observations of practice and checks by senior staff to make sure this was done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. Staff received regular training to they maintain their knowledge.

People were supported to eat and drink enough to stay well. Staff knew what foods people enjoyed eating and how to support people who required assistance to receive sufficient nutrition.

People were supported to have their mental and physical healthcare needs met. However records required clearer guidance for staff about how to recognise if a person's health was at risk of deteriorating and how to keep the person and others safe from harm. The registered manager involved and took advice from relevant health professionals when needed.

People said staff were caring and most had built up close relationships with the members of staff who supported them. The registered manager took action to ensure people were supported by staff they liked, however some people said they had not always been supported by consistent staff.

People were involved in deciding how they wanted their care to be delivered and were supported in line with the Mental Capacity Act 2005. There was clear information and guidance for staff when other people had authority to make decisions on behalf of people who used the service.

People said staff treated them with dignity and respect. There were clear policies and training for staff so they knew how to maintain people's privacy when providing personal care.

Staff were responsive to people's needs and delivered care in line with people's wishes. People were supported to engage in activities they asked to do. People had access to a complaints system and the registered manager responded promptly to concerns.

There was effective leadership from the registered manager and senior members of staff. People and staff told us they were approached for their views of the service.

The registered manager assessed and monitored the quality of care people received. Further action was required to ensure quality monitoring processes were reviewed for trends which could affect the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There was not always clear guidance for staff about how to protect people from the specific risks associated with their individual conditions and behaviours.

There were enough staff to support people's needs however people were at risk of being supported by inconsistent staff who may not be familiar with their care needs.

People were supported to take their medication safely.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff who had the required skills and knowledge to meet their care needs.

Staff respected people's decisions and supported them in line with the Mental Capacity Act 2005.

The provider worked closely with other health and social care providers to meet people's care needs.

### Is the service caring?

**Good** ●

The service was caring.

The registered manager regularly sought the views of the people who used the service.

Staff spoke affectionately about the people they supported and knew their preferences.

Staff knew how to respect people's privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff respected people's choices and supported them in line with their wishes. The provider responded promptly to people's requests to change how their care was provided.

People were supported to express any concerns and when necessary, the provider took appropriate action.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in place who understood their responsibilities.

There were systems in place to monitor the quality of the service and the provider was introducing a system to analyse information for trends.

People expressed confidence in the management team and staff enjoyed working at the service.

# Mayberry Care Services Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We conducted a comprehensive announced inspection of this service on 24 January 2017. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also reviewed any other information we had received about the service. We spoke with two health professionals who supported people who used the service and two other people who commission care packages from the service for their views. We used information received to plan what areas we were going to focus on during our inspection.

During our inspection we visited the service's office and spoke with the registered manager, nominated individual for the service, clinical educator/nurse advisor, human resources lead, office assistant and three care assistants. We also spoke with one person who used the service and their relatives who attended the office. We spoke with the relatives of four other people on the telephone. We sampled records, including three people's care plans, three staff records including a review of the provider's recruitment process, staff rotas, medication records, complaints and quality monitoring.

After our visit the registered manager sent us further information about how they supported the people who

used the service. We took this information into account when making our judgements.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe using the service. Staff we spoke with demonstrated that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. One member of staff told us, "I will check for marks, new pressure sores. I will know if there's a new scratch." The registered manager told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions to the local safeguarding authorities. Staff took the appropriate action if they felt people were experiencing or at risk of abuse.

Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific physical conditions. The registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. However details of the actions staff were required to take in order to minimise these risks associated with people's specific equipment such as Peg feeds and tracheostomies were not always easy to find in people's care records. We noted however there was clear guidance on how to manage the risks associated with the moving and handling of people who used the service. We saw that records and guidance for staff was updated when people's conditions changed.

Although the provider had taken action to identify the risks associated with people's conditions we found that further action was required to reduce the risks associated with people's mental health. Although staff had recorded instances when people demonstrated behaviour which may challenge others there were no clear support plans about how staff could reduce the risk of a person's mental health from deteriorating or the actions to take should a person refuse support or undertake activities which could cause themselves or others harm. This put people at risk of not receiving sufficient support to reduce the risk of harm they may expose themselves to.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. Our review of three staff recruitment records confirmed this. When necessary the registered manager had requested additional information in order to assess and review if people's work experience and life history were appropriate. These checks had ensured people were supported by staff who were suitable to work with people who used the service.

People who used the service told us that there were enough staff to meet their needs. One person told us they had, "Regular carers all the time." However some people said that staff had not always attend at their agreed times and on occasion they had been supported by several different staff. Two people also said that on occasion additional staff had attended their homes because they had been double booked. One person said, "Someone came 20 minutes late last night." The registered manager confirmed this during our visit. We looked at a recent staffing rota and noted that a person was supported by 12 different staff members in one week. About half the staff had only made one visit to the person during the week. This did not provide



continuity of care and could be a risk to the wellbeing of people who required consistency in their lives. A review of two other people's rotas however showed that they were supported by a small group of the same staff and the provider had employed additional staff to ensure people would be supported by consistent staff.

On occasion several people who used the service would not allow staff entry into their homes, refuse care and ask staff to leave before they had completed their care tasks. The registered manager told us they respected these decisions but would take action to find replacement staff who people found acceptable. When necessary they and other senior staff would offer to cover the shifts themselves to ensure people would be supported by the required number of staff identified as necessary to support them safely.

Not all the people who used the service required support with their medicines. Those who did said they were happy with the service they received. One person told us, "Carers do the medication and do other medical related things. All are well trained in what to do." We saw that records contained details and guidance for staff of the medication people were taking. Records were updated as people's medicines changed.

Where people required support to take their medication they were administered and prompted by staff who were trained and assessed as competent to do so. One person had been supported to design their own medication records to promote their independence and manage their medication without support from staff. We noted staff monitored that the person was taking their medication correctly and on one occasion had taken action when they felt medication had not been taken as prescribed. Staff confirmed and records showed that staff received regular updates in order to maintain their knowledge of people's medicines.

Where medicines were prescribed 'as required', there were instructions and information for staff about the person's symptoms and conditions to identify when they should be administered. We noted staff had accurately recorded when these had been given. The registered manager completed regular audits and observed practice to ensure people had received their medication as prescribed. They had taken effective action when necessary to correct any errors and prevent them from happening again. People received their medicines safely and when they needed them.

# Is the service effective?

## Our findings

Most of the people we spoke with said the service and staff were good at meeting their needs. Comments included; "His main male carer should be mentioned in despatches;" "They all do talk to him and say what they will be doing for him. Asking permission etc. always," and, "Some go above and beyond." One person we spoke with said they felt staff who worked on night shifts were not as experienced or understood the needs of the person they supported as well as other staff. We saw however that the registered manager was taking action to address this concern

People were supported by staff who had the skills and knowledge to meet their individual care needs. A person's relative told us, "A person from Mayberry comes in and trains [the care staff] in how to use specialised equipment." A member of staff confirmed, "We only have to ring and the trainer will come out." Staff told us, and records confirmed that all staff had received induction training when they first started to work at the service. Staff we spoke with told us this had adequately prepared them to meet people's basic care needs and they had received further training in meetings people's specific needs.

There were details of people's specific needs in relation to their health in their care plans which staff could refer to for guidance. One member of staff told us, "I read about [specific condition] in the care plan and online. I like to do my own research." Another member of staff could explain what was important to a person. They told us, "He likes his routine, doesn't like change. You have to make sure things don't change." Senior staff conducted observational audits so they could check that staff were demonstrating they had the knowledge to support people in line with their care plans. During our visit we saw that the clinical educator was preparing to spend a night shift with some staff in order to develop the skills and knowledge they needed to meet a person's specific care needs. Staff confirmed they attended meetings to review and identify how best to meet the individual care needs of the people they supported. When people had raised concerns about staff behaviour and knowledge the registered manager had taken the appropriate action to address them. For example we saw they had produced guidance for staff about how to conduct themselves professionally when in people's homes. However records required clearer guidance for staff about how to recognise if a person's health was deteriorating and how to keep the person and others safe from harm.

There was a dedicated training room at the office which contained examples of the equipment staff needed to be familiar with in order to meet the needs of the people they supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The relative of one person told us, "Aided by me he makes decisions about his care." A member of staff explained the gestures and sounds a

person who was unable to speak used to verbalise their views and express consent to receive care. This enabled staff to understand and respect the person's wishes when providing care. No one who used the service was subject to an authorisation to deprive them of their liberty.

The manager told us that all the people who used the service were assessed as having mental capacity to make day to day decisions about how they wanted to be supported. We saw there were details of others who had the power of attorney to make decisions when a person lacked the mental capacity to make informed decisions about a specific aspect of their lives such as finances. When people made decisions which could be regarded as unwise such as refusing personal care these were respected by staff. The registered manager informed people of the impact these decisions could have on their welfare so they could make informed decisions about how they wanted their care to be provided in the future. We saw that guidance for staff was updated when people's views changed.

Most of the people who used the service were supported to eat and drink by their families. However those people who required support said they were happy with the assistance they received from staff. The relative of one person told us, "They help him, but he tries to do it himself. Always a carer with him when he eats." Records contained details of people's preferred foods and drinks, such as take away meals, and how staff had supported people to enjoy them. People's food and fluid intake was monitored to identify if people were eating and drinking enough to stay well. We saw that when necessary staff had offered people advice in how to improve their diet and promoted healthy eating and exercise.

Due to their specific conditions it was necessary for some people who used the service to receive nutrition through a tube directly into their stomach. This is known as a, 'PEG feed'. Relatives told us they were happy with how staff managed people's PEG feeds. Records showed that staff had received training from a suitable clinician and their practices were regularly reviewed to ensure they remained competent to manage this process. Again staff monitored the amount of nutrition and fluids people received when PEG feeding to ensure they received sufficient amounts to stay well.

People were supported to make use of the services of a variety of mental and physical health professionals. We saw that staff had approached people's GP and pharmacists when they had concerns about people's health or medication. People who commissioned care packages from the service said they had regular contact with the senior staff team and felt they responded promptly to people's care needs. There were clear records of communications with other health professionals when people's conditions changed which enabled staff to respond to their latest advice and guidance. This meant that people would receive the appropriate care promptly when needed.

# Is the service caring?

## Our findings

People who used the service told us that the registered manager and staff were caring. The relative of one person told us, "They just do everything, they are so good. The company bought Christmas presents for both of us." Another person said, "I could give a hundred examples[ of how they are caring], they always show him consideration." When asked is the service was caring, another relative told us, "Very much so. They go above and beyond and they look out for me if I'm feeling unwell. This aids me in my caring role."

The registered manager had a policy that where possible people were supported by regular staff in order to promote the development of positive relationships. Although several people said that they had not always previously been supported by consistent staff, they told us and records confirmed this had improved. During our inspection we saw the relatives of a person who used the service invite the nominated individual to join them at home for a sandwich when they next needed to 'catch up'. A member of staff told us they were always offered a sandwich and drink when they visited. We also observed a person speak affectionately with the member of staff supporting them and share a joke. The person and member of staff were clearly enjoying each other's company. The registered manager told us that when people started to use the service they would, when appropriate, employ staff who had been supporting the person at their previous service. This helped to maintain positive relationships and ease the person's transition into the new service.

People were supported to comment on the care they received and staff respected their wishes. One person told us, "Recently, last couple of weeks, I have asked for a call for me to give feedback and them to give me feedback." They told us they had received a call.

We saw that there was clear guidance for staff to follow about how people preferred to receive their care and staff told us how they endeavoured to support people in ways which promoted their happiness. When necessary the registered manager had involved relatives and health professionals to help people express their views and comment on the service. Senior staff had regular contact with people and their relatives to review and improve how care was provided. We saw the registered manager took action when necessary to ensure people's views were acted upon and people were protected as much as possible when they chose to refuse care or make decisions which were considered not in their best interests.

The registered manager respected people's right to confidentiality. Care records were stored securely in locked cabinets in the registered manager's office and there were no details of people's personal information on display.

Staff we spoke with were aware of and explained how they maintained people's dignity in line with the provider's policy. One member of staff told us, "I will ask [family members] to leave and then only uncover areas when I need to wash them." After our visit the registered manager sent us information they had shared with staff about the 'do's and don'ts' of respecting people's rights to privacy, dignity and confidentiality.

One person we spoke with said they enjoyed living independently and described how staff helped them to do this. They said it was agreed staff would not intervene when they were preparing their meals or washing

unless requested. Staff we spoke with were aware of this approach and appeared proud with how much independence this person had achieved.

## Is the service responsive?

### Our findings

Most people we spoke with said they felt listened to and involved in the service. People told us that they were often approached for their opinion and staff took their views into account when providing care. People from other organisations who worked with the provider to meet people's care needs said the service was very flexible and endeavoured to meet people's specific needs and wishes. A person who commissioned packages of care from the service told us, "Above all I found them very person centred, very responsive and knowledgeable around the care they give to individuals." Another person said, "They have gone out of their way to be accommodating and receptive to [person's name] needs and use their initiative to manage the situation."

Staff knew what support people needed to stay well and would respond promptly when people's needs changed. Staff we spoke with could describe people's specific care needs and the actions they would take if there was a change in their conditions. When people refused care, staff respected their wishes and would leave their homes if requested while attempting to leave people as safe as possible. When this happened we saw several examples of the registered manager offering people alternative ways in which they could have their care needs met.

There was information available so staff knew what people liked to do. Records contained details of people's personal preferences and what they enjoyed doing. A review of people's daily notes showed staff had supported people to engage in activities based on their preferences, such as going out into the community. One person had been supported to go on holiday and visit a country of their preferred choice. People's call times and staff who supported them were regularly reviewed and amended in order to reflect people's preferences. However some late calls had meant that these changes had not always been effective at meeting people's wishes.

One person had been invited to be involved in the provider's recruitment process so they could identify staff who they would like to be supported by. We saw staff were developing a programme to support one person to take part in activities they said they enjoyed. They were establishing small goals to help the person achieve their overall ambition.

People's care and support was planned in partnership with them. We saw that people and those who supported them had regular reviews of their care and records if they wished. Records were regularly updated with information for staff about people's latest needs and wishes. When a person was unable to verbalise their wishes there was clear guidance for staff about how they preferred to communicate and any support they required to help express themselves. However one person told us that on occasion some night staff had not spent sufficient time with a person to understand and respond appropriately to their requests. We saw the registered manager was taking action to improve the knowledge and abilities of staff who worked nights. Senior staff maintained regular contact with people to seek their views of the service and conducted observations of the care people received. This enabled the registered manager to review and assess if care was being provided in line with people's care needs and expressed wishes.

People told us they felt comfortable to complain if something was not right. One person's relative told us, "They are quite good at listening to anything I have concerns about." Another relative said, "[I] phone up and speak to the owner. She is very understanding." One relative we spoke however suggested that action to address their concerns had not always been undertaken promptly. Records sampled showed that people who used the service had regular contact with the registered manager and had received prompt acknowledgments and responses to their concerns. We saw that the registered manager took action in response to comments such as when people requested to be supported by staff of their preferred choice or in specific ways.

## Is the service well-led?

### Our findings

All the people who used the service told us they were generally pleased with the support they received. One person told us, "From what I have seen it is brilliant compared to the last company we were using. We cannot believe the difference in the caring itself. Top notch." When we asked another person's relative what could be improved about the service, they told us, "Nothing really, we have it all ship shape." When people told us about any concerns they had about the service we saw the provider was taking action to address them.

Other health providers who worked with the service to meet the needs of the people they supported all said they were pleased with the quality of care people received. Comments included, "They always go above and beyond the call of duty and provide a very robust clinical service," and "[They] are very competent in managing the care packages, both managers have got lots of experience and can be flexible to meet individual needs."

Staff told us that the registered manager and care co-ordinator were supportive and led the staff team well. They told us they felt valued and listened to. A member of staff told us senior staff were approachable and they were encouraged to, 'Phone if we are ever concerned'." Another member of staff said they had regular contact with senior staff and told us, "You don't feel left out."

There were systems in place to ensure people were involved in commenting on their care plans. These included home visits and telephone reviews to obtain people's views about the quality of the service they received. The nominated individual showed us their plans to conduct a formal survey of people's views later in the year. Records showed that the registered manager frequently exchanged information with people who used the service and reviewed and adapted the service in order to meet their wishes. People had the opportunity to influence and develop the service they received.

The registered manager had systems for monitoring the quality of the service. Although some people told us they had concerns about call times and staff behaviour we saw action was being taken to address this. Senior staff conducted regular spot checks to assess if people's care needs were being met and records demonstrated that people were being supported by more consistent staff. There were processes in place to monitor the quality of care records and we saw the registered manager had taken action when improvements were needed. However these processes were not always effective as we noted that errors in some daily monitoring charts had not been identified. The nominated individual showed us their systems for monitoring that training and staff supervisions were undertaken as planned. The office assistant showed us how missed staff supervisions would be identified and rescheduled. This enabled the registered manager to monitor that standards of care were being maintained and improved. We discussed with the nominated individual and registered manager the processes they were introducing to review information for trends and identify any potential risks to the quality of the service.

The registered manager was aware of their responsibilities to the commission and they demonstrated knowledge of the type of events they were required to notify us of. They were also aware of the need to



display their latest ratings and could explain the principles of promoting an open and transparent culture in line with their required duty of candour. We saw a large notice in the office for staff stating, "This is not a blame culture."